

11-25-Q5

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7278

7590

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Date **11/22/05** Label No. **EV**

I hereby certify that on the date indicated above, this paper or  
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(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/779,557	02/06/2004	Franz Hofmann	20046/0200847-US0	9018

**TITLE OF INVENTION: MEMORY CELL**

11/28/2005 TBESHAH2 00000067 10779557

01 FC:1501	1400.00 UP				
02 FC:1501 APPLN. TYPE	SMALL ENTITY UP	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE

nonprovisional NO \$1400 \$300 \$1700 12/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SOWARD, IDA M	2822	257-316000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**1 Darby & Darby**

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) **Rec. 5/26/04 R/F: 014670/0102**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Infineon Technologies AG**

**Munich, Germany**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed. **\$1700.00**

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **04-0100** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature **Laura C. Brutman**

Date **Nov. 22, 2005**

Typed or printed name **Laura C. Brutman**

Registration No. **38,395**

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